

NOV 16 1940 **791**

**1003**

Registrar's No. **8169**

1. PLACE OF DEATH:

(a) County ST. LOUIS MO  
 (b) City or town ST. LOUIS  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1419 BENTON STR.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME BERTHA SCHWEGEL

3. (b) If veteran, name war ~~~~~ 3. (c) Social Security No. None

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SYLVESTER. M. 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased FEB. 19<sup>TH</sup> 1906  
 (Month) (Day) (Year)

8. AGE: Years 34. Months 7 Days 10 If less than one day — hr. — min.

9. Birthplace ST. LOUIS MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

12. Name HARRY KREBER

18. Birthplace ST. LOUIS MO  
 (City, town, or county) (State or foreign country)

14. Maiden name FRANCES KRAUSE

15. Birthplace GERMANY  
 (City, town, or county) (State or foreign country)

16. (a) Informant Sylvester Schwegel

(b) Address 1419 Benton St.

17. (a) BURIAL (b) Date thereof OCT. 2, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Brockland and Co

(b) Address 1827 HOGAN STR.

19. (a) OCT 1 1940 (b) J. F. Brudick  
 (Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_  
 (c) City or town ST. LOUIS 36  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1419 BENTON STR.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 29<sup>TH</sup>  
 year 1940 hour 2<sup>00</sup> minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from October 7<sup>th</sup> to Sept 29, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach with generalized metastases  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions HU  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John Frankiewicz (M. D. or other) \_\_\_\_\_

Address 3601 Cuttyhunk Date signed 9/29/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*J. G. Sullivan*

Licensed Embalmer No. 1122

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**